

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

<b>1. Agency Name</b> <u>Office of Councilmember Paul Perales</u> San Jose City Clerk Division, Department, or Region (if applicable) <u>District 3</u> Designated Agency Contact (Name, Title) <u>Patricia Cera</u> Area Code/Phone Number      E-mail <u>408-535-4929</u> <u>patricia.cera@sanjoseca.gov</u>		RECEIVED Date Stamp <u>2018 OCT -4 AM 11:25</u>	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒ No ☐    Face Value of Each Ticket/Pass \$ 70.50

Event Description: Fall out Boy      Date(s) 09/30/18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☐ No ☒    If no: San Jose Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☒ No ☐    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>LGBTQ Youth</u>	<u>10</u>	<u>Recognition</u>
<u>Space</u>		

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Paul Perales      Councilmember      10/14/18  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_